From:
To: LSIC
Subject: Submission to end of Life choices Inquiry
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Palliative care, while gratefully received by most dying people, occasionally is inadequate in providing relief of suffering at the end of life, as has been emphasised by many of the submissions to this Inquiry. Some people would prefer not to die in a heavily sedated state provided by palliative care (terminal sedation), and would like to be awake enough at the end to say goodbye to their loved ones.
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Fear of suffering at the end of life substantially aggravates the anxiety caused by suffering and this fear worsens an uncomfortable death. Knowing that one had the option to end the suffering by physician-assisted suicide provides great relief from this anxiety in those countries allowing assisted suicide. Simply allowing assistance and knowing it is available provides this relief, without needing to actually use the suicide option.
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Legalising assisted suicide does not lead to large numbers of early deaths. In Oregon, USA, a state with a similar population to Victoria and where assisted suicide is legal, there are only about 100 assisted suicides each year, compared with the tens of thousands of deaths from other causes. Legalising assisted suicide does not open the floodgates and in fact in Oregon the yearly number of other, unassisted, suicides decreased from 16 suicides per 100,000 population before assisted suicide became legal to 14 per 100,000 afterwards. Saving 2 per 100,000 is about 80 people each year in Oregon. This reduction in overall suicides is probably because sick people do not feel the need to suicide before they become physically incapacitated. Also, if medically assisted suicide is available, depressed people are more likely to seek medical help, and instead of dying may get treatment.
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Simple compassion for dying people means we should legalise physician-assisted suicide in Victoria. Saving a few lives of depressed people will be an extra bonus.
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In countries where assisted suicide is legal, the legislation usually has safeguards to ensure there is no abuse. The person needs to request help themselves and needs to be mentally competent and not depressed, and there must be a long ‘cooling off’ period. Being mentally competent means that the patient must not be suffering from significant dementia, and must not be a child. Treatable depression needs to be excluded by 2 doctors, one of whom is a psychiatrist. The cooling off period needs to be at least 3 weeks. With these safeguards there has been no exploitation of assisted dying overseas.

Thank you for considering my thoughts.

Julia Powell
Physiotherapist